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United Nations Population Fund

Country programme document for Haiti

Proposed indicative UNFPA assistance: $67 million: $18 million from regular resources and $49 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years 2017-2021

Cycle of assistance: Sixth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	10.0	11.0	21.0
Outcome 2	Adolescents and youth	3.0	3.5	6.5
Outcome 3	Gender equality and women's empowerment	2.5	2.5	5.0
Outcome 4	Population dynamics	1.5	32.0	33.5
Programme coordination and assistance		1.0	-	1.0
Total		18.0	49.0	67.0

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Please recycle

I. Situation analysis

1. Haiti is the poorest country in the Western Hemisphere, ranking 163 out of 188 countries on the Human Development Index 2015. In 2015, Haiti had an estimated 10.7 million people, largely rural (61 per cent) and young (56 per cent under 25 years). Around two-thirds of the population lives below the poverty line and one quarter below the extreme poverty line. With a Gini coefficient of 0.61, Haiti is also one of the most unequal countries in the world.

2. The last decade has been marked by social and political instability, worsened by the current impasse over the large-scale electoral process initiated in 2015. Despite progress since the 2010 earthquake, Haitians continue to face humanitarian and development challenges. In 2016, more than 2.1 million people were still in need of humanitarian assistance, with over 60,000 internally displaced persons. The ongoing cholera epidemic has already claimed the lives of over 9,300 people. The influx of deportees from neighboring Dominican Republic has affected the already tense relationship between the two countries. Haiti is the fifth country most exposed to disaster risk (particularly earthquakes, tropical storms, flooding, landslides and droughts) and the third most-affected by extreme weather events worldwide. Due to prolonged droughts, recently exacerbated by the El Niño phenomenon, 3.6 million people suffer food insecurity.

3. The Strategic Plan for the Development of Haiti (PNSDH), designed to make Haiti an emerging country by 2030, aims to achieve the Sustainable Development Goals (SDGs) linked to ending poverty, combating inequality and injustice, and addressing climate change. Related policies and plans have been promoted, including: the Strategic Plan for Reproductive Health and Family Planning 2013-2016; National Action Plan for Equality between Men and Women 2014-2020; National Strategic Plan for Youth and Adolescent Health 2014-2017. Despite ongoing efforts for transitioning from recovery to long-term development, results are mixed, especially regarding women of childbearing age, adolescent girls and people in rural and semi-urban areas.

4. The total fertility rate is still one of the highest in the region, with 3.1 children per woman. The use of modern family planning methods is 31 per cent among women in union aged 15-49 years, with a 35 per cent unmet need (50 per cent among girls aged 15-24 years). The lack of an integrated and functional logistics system hinders access to services locally, particularly in rural areas. Most service delivery points offer family planning methods; however, in 2015, almost half had experienced stock-outs during the six months preceding the UNFPA survey. Nearly two-thirds of primary healthcare service delivery points lacked the seven essential lifesaving maternal health drugs. More than half of women lack access to information on family planning.

5. The maternal mortality ratio decreased by 43 per cent between 1990 and 2010, although it is still the highest in the region (359 deaths per 100,000 live births). Among the main determinants: (a) poor infrastructure and health networks, with limited referrals systems; (b) low coverage of births attended by skilled health providers (37 per cent nationwide and 75 per cent in rural areas); (c) lack of qualified and trained human resources at service delivery points (only 12 per cent of needed midwives were active by 2015); (d) limited access to obstetric and neonatal basic and emergency care (67 per cent of women and girls give birth at home, particularly in rural and poor areas); (e) weak maternal mortality surveillance system and response; and (f) poor quality of care. In addition, fistula cases are increasingly reported in health institutions.

6. Adolescent pregnancy, including in girls below age 15, is a concern. An estimated 32 per cent of women have given birth at least once before age 20, and 2 per cent before age 15. The latter are often associated with sexual abuse and a higher risk of dying during pregnancy and childbirth. Early marriage and lack of comprehensive sexuality education are often among the determinants of adolescent pregnancy. In 2012, some 12.1 per cent of females were married before the age of 20.

7. With a HIV prevalence rate stagnant at 2.2 per cent, Haiti contributes to 59 per cent of AIDS-related deaths in the Caribbean region. Young people aged 15-24 years represent a third of all new HIV infections.

8. Gender-based violence is a longstanding problem. In 2012, over 28 per cent of women aged 15-49 experienced gender-based violence, while 13 per cent suffered sexual violence. Underreporting is a major issue, often caused by fear, social stigmatization, and limited access to justice and medical and psychosocial services (particularly a one-stop-shop approach and shelter for survivors). Although a National Plan on Violence against Women is in force, there are significant implementation gaps, due to lack of adequate resources and coordinated interventions.

9. The deficit in data availability, analysis and use, particularly in health, education, urbanization, migration and vital statistics is a primary concern. The national statistics system is unable to satisfy the demand for economic, social and environmental information, adapted to the needs of decision-makers. The last Housing and Population Census dates back to 2003, prior to the 2010 earthquake. Data collection for the 2017 Census is in the planning stage.

II. Past cooperation and lessons learned

10. The final evaluation of the fifth country programme 2013-2016 highlighted various achievements: (a) improved access to and use of maternal and neonatal health services, particularly due to the establishment of the National Institute of Midwifery; (b) expanded supply of contraceptives, with 97 per cent of health facilities offering at least three modern contraceptive methods and stock-outs reduction by half; (c) strengthened legal and institutional frameworks and establishment of a database on gender-based violence, including support to survivors; (d) support to the Haitian National Statistics Institute for the preparation of the 2017 Population and Housing Census.

11. Among the lessons learned: (a) Haiti's development challenges require UNFPA to carry out adaptive interventions that go beyond their technical dimension, to address their underlying social and cultural determinants, ensuring engagement of national partners; (b) the provision of age-appropriate information, education and counselling in the delivery of sexual and reproductive health services, increases their uptake by adolescents and youth; (c) women, adolescents and youth needs can only be addressed effectively when they become primary targets of UNFPA interventions, rather than cross-cutting issues.

12. The recommendations for the sixth country programme include: (a) continue the training and deployment of new midwives, including in the obstetric and neonatal basic emergency care services to contribute to maternal mortality reduction; (b) ensure availability of essential reproductive health commodities for sexual and reproductive health, including contraceptives and maternal health supplies; (c) focus interventions on the most excluded population groups, particularly adolescents, youth and women; (d) incorporate humanitarian and crisis response throughout the programme cycle; and (e) strengthen joint approaches and inter-agency programmes.

III. Proposed programme

13. The sixth cooperation programme 2017-2021 is aligned with the Strategic Plan for the Development of Haiti; 2030 Agenda for Sustainable Development (particularly SDGs 3, 5, 11 and 17); United Nations Sustainable Development Framework (UNSDF) 2017-2021; UNFPA Strategic Plan 2014-2017; and Montevideo Consensus on Population and Development. It was developed in consultation with government, civil society, bilateral and multilateral development partners, including United Nations organizations.

14. The proposed programme reflects the UNSDF transition from humanitarian assistance to longer-term development efforts, and the need to enhance community resilience. Building on the previous cycle's evaluation, UNFPA will: contribute to maternal mortality reduction and adolescent pregnancy prevention by strengthening

national capacities to deliver high-quality comprehensive maternal health services and expanding the supply of family planning services; support government efforts to reap the benefits of the demographic dividend; contribute to strengthening the multisectoral response to gender-based violence; and strengthen the national statistical capacities for evidence-based decision-making, particularly through support to the Census. Advocacy and policy dialogue, capacity development, knowledge management and service delivery will be the main strategies. Women, adolescents and youth, and people in humanitarian situations – particularly in South, Southeastern, Grand-Anse, Nippes and Western departments – will be the programme primary targets.

A. Outcome 1: Sexual and reproductive health

15. Output 1: Strengthened capacity of the national health system to deliver high-quality comprehensive maternal and newborn health services, including in humanitarian situations. Linking with H6 partners, main interventions include: (a) strengthening the competencies of healthcare providers in the provision of emergency obstetric and newborn care; (b) strengthening midwifery in Haiti through policy regulation, education, service provision and professional association; (c) providing technical assistance to the Ministry of Health for an improved maternal death surveillance and response system, including by carrying out maternal audits; (d) providing equipment, supplies and health commodities to maternity facilities, including new emergency obstetric and newborn care services; (e) promoting community-based interventions, including sensitization and awareness-raising campaigns on sexual and reproductive health and services; (f) promoting good practices in maternal healthcare services managed by midwifes, such as the *Cliniques Sourire* and others that can be scaled up; (g) engaging in South-South cooperation exchanges with other countries that implement midwifery programmes; (h) establishing a surgical obstetrical fistula repair programme and social rehabilitation of survivors; (i) strengthening the capacities of health service providers to implement the Minimum Initial Service Package (MISP) in humanitarian situations.

16. Output 2: Strengthened national capacity to increase demand for and supply of modern contraceptives, particularly for adolescents and youth. Main interventions include: (a) strengthening the supply chain of contraceptives and essential reproductive health medicines in order to avoid stock-outs; (b) continuing to expand the supply of contraceptives, through the incorporation of long-acting reversible methods, appropriate training of providers and adequate counselling and community-based information activities, focusing on adolescents and young people; (c) supporting the development and implementation of family-planning norms and protocols, ensuring a human rights-based approach.

B. Outcome 2: Adolescents and youth

17. Output 1: Strengthened capacities of Government and civil society organizations to increase the life skills of adolescents and youth, specifically adolescent girls at risk of pregnancy, HIV and early marriage. The programme will: (a) promote the development of conducive policies and programmes to prevent early marriage, adolescent pregnancies, HIV and other sexually transmitted infections (STIs), ensuring adolescents and youth access to sexual and reproductive health services and comprehensive sexuality education; (b) promote outreach, information and communications campaigns on sexual and reproductive health, and HIV counseling for adolescents and youth; (c) establish participatory platforms that advocate for increased investment in adolescents and youth health and education.

C. Outcome 3: Gender equality and women's empowerment

18. Output 1: Increased national capacity for the delivery of multisectoral services for sexual and gender-based violence prevention and care, particularly for women and girls, including in humanitarian settings. Main interventions include: (a) providing policy advice to the Ministry of Women's Affairs for the review of the National Plan on Violence against Women and follow-up of related international agreements; (b) strengthening the National Dialogue on Prevention of Violence against Women to

enable greater coordinated interventions and response; (c) strengthening the capacities of healthcare providers for adequate medical and psychosocial support to survivors, along with strengthening referral mechanisms; (d) strengthening national capacities on the minimum standard for prevention and response to gender-based violence in emergencies in high-risk humanitarian and border areas.

D. Outcome 4: Population dynamics

19. Output 1: Strengthened capacities of the national statistics system for the production, analysis and dissemination of high-quality disaggregated data from the census as well as surveys to map socio-demographic inequalities and programming in humanitarian settings. Main interventions are: (a) providing technical and logistical support to the Haitian Institute of Statistics and Information (IHSI) for the planning, coordination, management, resourcing, and implementation of the general Population and Housing Census project; (b) establishing an international quality assurance team and process for the conduction of the census; (c) providing support to the IHSI in the analysis, production and dissemination of census results; (d) strengthening sectorial capacities for the utilization of data for evidence-based policies, through training for selected ministry staff; (e) supporting data collection and production for the DHS and the survey on women's reproductive health.

20. Output 2: Strengthened national capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics, particularly the demographic dividend, and their links to sustainable development, in public policy and decision-making. Main interventions include: (a) providing technical assistance to the Government for the design of the implementation plan for the Montevideo Consensus and the operationalization of the 16 UNFPA-supported SDGs indicators; (b) generating evidence related to population dynamics, particularly the demographic dividend, including spearheading innovative methodologies; and (c) developing advocacy strategies with national and local authorities on challenges and opportunities linked to the demographic dividend.

IV. Programme management, monitoring and evaluation

21. UNFPA and the Government, through the Ministry of Planning and External Cooperation, will manage and monitor the programme, following UNFPA policies and procedures, using results-based management and accountability frameworks. Direct execution through implementing partners will be the preferred implementation arrangement. UNFPA will continuously monitor the performance of implementing partners, adjusting implementation arrangements, as necessary.

22. UNFPA will apply the United Nations standard operating procedures and implement the harmonized approach to cash transfers, incorporating preventive and risk mitigating measures. UNFPA will develop joint programmes and initiatives with other United Nations organizations, specifically in: reproductive health/midwifery; youth and adolescents; and gender/gender based violence.

23. UNFPA will implement a partnership and resource mobilization plan, leveraging strategic multisectoral alliances with the private sector, bilateral and multilateral donors, civil society and the Association of Haitians Living Abroad.

24. The country office will comprise the representative, the deputy representative, an assistant representative, an international operations manager and programme and administrative staff. Additional project staff may be required, including, but not limited to, international technical and project support personnel. International and national staff will be required for the census project. The country office will seek technical support, including through South-South cooperation, from the regional office for Latin America and the Caribbean, other regional offices and UNFPA headquarters.

25. In an emergency, UNFPA may reprogramme activities, especially life-saving measures, to respond to emerging issues.

RESULTS AND RESOURCES FRAMEWORK FOR HAITI (2017-2021)

National priority: Increase access to health services
United Nations Sustainable Development Framework (UNSDF) outcome: Population, particularly vulnerable groups, has better access to, and uses equitable basic social services of quality, especially in education and health for all
Indicator: Maternal mortality rate. *Baseline*: 359 deaths per 100,000 live births; Target: 100 deaths per 100,000 live births

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Percentage of institutional births *Baseline*: 36%; *Target*: 50% • Percentage of women of reproductive age (aged 15-49) who have their need for family planning satisfied with modern methods *Baseline: 31%; Target: 45%*	Output 1: Strengthened capacity of the national health system to deliver high-quality comprehensive maternal and newborn health services, including in humanitarian situations	• Percentage of emergency obstetric and newborn care with midwives deployed *Baseline*: 37%; *Target*: 60 % • Maternal death surveillance and response guidelines implemented in the four departments identified by UNFPA *Baseline*: No; *Target*: Yes • National Strategy to address obstetric fistula adopted *Baseline*: No; *Target*: Yes • Percentage of emergency obstetric and newborn care following protocols of high-quality care *Baseline*: 31%; *Target*: 100%	Ministry of Health and Population; non-governmental organizations; United Nations organizations; midwifery network	$16 million ($8 million from regular resources and $8 million from other resources)
	Output 2: Strengthened national capacity to increase demand for and supply of modern contraceptives, particularly for adolescents and youth	• Percentage of service delivery points offering family planning services with no stock-outs in the past six months *Baseline*: 52%; *Target*: 70% • Percentage of service delivery points offering family planning services, which incorporate long-acting reversible contraception *Baseline*: 62%; *Target*: 80% • Number of new users of modern family planning methods in UNFPA-supported areas *Baseline*: 0; *Target*: 13,379		$5 million ($2 million from regular resources and $3 million from other resources)
National priority: Increase access to health services **UNSDF outcome:** Population, particularly vulnerable groups, has better access to and uses equitable basic social services of quality, especially in education and health for all **Indicator**: Part of the state budget is dedicated to the social sector.				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator: • Existence of national youth and adolescent strategy/plan 2017-2021 *Baseline: No; Target: Yes*	Output 1: Strengthened capacities of Government and civil society organizations to increase the life skills of adolescents and youth, specifically adolescent girls at risk of pregnancy, HIV and early marriage	• Number of adolescent girls actively participating in at least one UNFPA programme - targeted intervention (leadership, health information, economic empowerment) *Baseline*: 5,000; *Target*: 200,000 • Number of participatory youth platforms advocating for increased investment in adolescent girls at risk of early marriage, HIV, adolescent pregnancy, GBV and reproductive rights *Baseline*: 1; *Target*: 10	Ministries of Health and Population; Youth and Sports; Education; civil society organizations; United Nations organizations	$6.5 million ($3 million from regular resources and $3.5 million from other resources)

National priority: Elimination of all forms of violence against women **UNSDF outcome:** Public institutions adopt and implement policies of equity, preventive measures, restoration and protection against violence and discrimination, based on human rights, for the benefit of vulnerable groups **Indicator**: Percentage of women and girls 15 years old and over who experienced gender-based violence by a partner during the past 12 months. *Baseline: 28%; Target: 25%*				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator: • Percentage of identified women aged 15-49 who have experienced physical or sexual violence and received health and social support *Baseline*: 1.9%; *Target*:10%	Output 1: Increased national capacity for the delivery of multisectoral services for sexual and gender-based violence prevention and care, particularly for women and girls, including in humanitarian settings	• Number of actors that promote the one-stop-shop centre concept for victims of sexual and gender-based violence, including in humanitarian situations *Baseline*: 50; *Target*: 300 • Percentage of health facilities incorporating a one stop-shop centre for attention to gender-based violence victims *Baseline: 0; Target*: 50% • Percentage of survivors of SGBV identified by UNFPA programme who received service and were rehabilitated *Baseline: 0; Target: 70%*	Ministry of Women's Affairs; United Nations organizations; non-governmental organizations	$5 million ($2.5 million from regular resources and $2.5 million from other resources)
National priority: (Strategic Development Plan for Haiti): Increase the institutional strengthening of the decentralized administration **UNSDF outcome:** Public institutions and civil society enhance the rule of law and decentralization for better governance at all levels of decision making **Indicator**: Existence of disaggregated data that can allow development planning by departments, gender and age. *Baseline*: No; *Target*: Yes				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator: • At least one census of good quality that was processed, analysed and disseminated following internationally agreed recommendations *Baseline*: No; *Target*: Yes • Existence of a national population policy incorporating the challenges related to adolescents/youth, sexual and reproductive health and gender *Baseline*: No; *Target*: Yes	Output 1: Strengthened capacities of the national statistics system for the production, analysis and dissemination of high quality disaggregated data from the Census as well as surveys to map socio-demographic inequalities and programming in humanitarian settings	• Report of the final results of the Fifth Population and Housing Census validated and disseminated *Baseline*: No; *Target*: Yes • Institutional capacity to analyse and use disaggregated data for evidence-based public policy on the linkages with the demographic dividend enhanced *Baseline*: No; *Target*: Yes	Ministry of Planning and External Cooperation; Ministry of Health and Population; civil society organizations; United Nations organizations	$32.5 million ($0.5 million from regular resources and $32 million from other resources)
	Output 2: Strengthened national capacity for the formulation and implementation of rights-based policies that integrate evidence on population dynamics, particularly the demographic dividend and their links to sustainable development, in public policy and decision-making	• Montevideo Consensus indicators are incorporated and linked with SDGs monitoring mechanism at national level *Baseline*: No; *Target*: Yes • Number of UNFPA-supported research papers on linkages between population dynamics and sustainable development used for decision-making *Baseline*: 5; *Target*: 15		$1.0 million from regular resources) Total for programme coordination and assistance: $1.0 million from regular resources